

# FY 17 CSP Grantee Meeting

Department of Community Resources & Services

September 21, 2016

# Welcome

Congratulations to our FY 2017 Community Service Partnership Grant Recipients!

We are looking forward to another great year of partnership with this year's committed group of recipient organizations as you each provide critical services to the Howard County community!

## **Megan Godfrey Jackson**, Manager Community Service Partnership Program

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# FY17 CSP GRANTS

#### **AWARD RECIPIENTS**

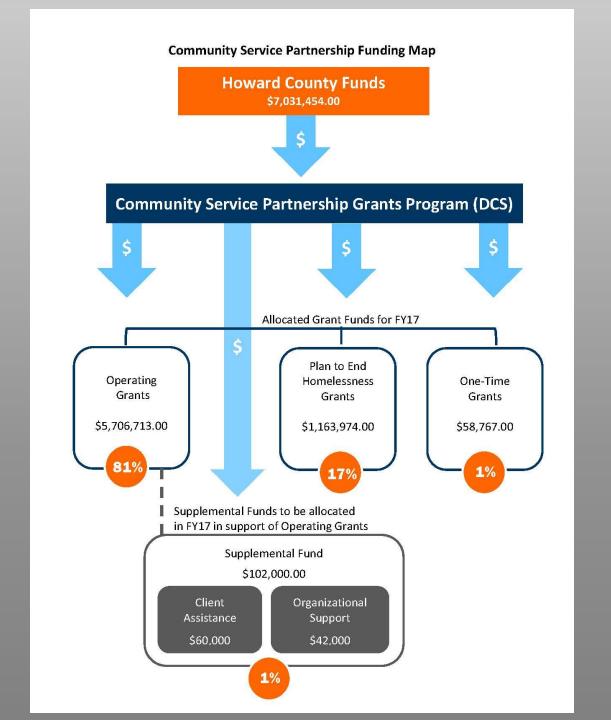
- 35 CSP Grant Recipient Organizations
- Total Investment of \$7,031,454.00

#### **GRANT TYPES**

- Operating Grants
- One-Time Grants
- Plan to End Homelessness (PEH) Grants

#### **GRANT YEAR**

- County Fiscal Year 2017
- July 1, 2016 June 30, 2017



# FY17 COMMUNITY SERVICE PARTNERSHIP (CSP) Operating Grant Recipient Organizations

Accessible Resources for Independence	Korean American Community Association
Adaptive Living	Laurel Advocacy & Referral Services
American Red Cross Chesapeake Region	Legal Aid Bureau
Arc of Howard County	Living in Recovery
Bridges to Housing Stability	MakingChange
Camp Attaway	The Maryland Food Bank
Community Action Council of Howard County	Meals on Wheels of Central Maryland
Family & Children's Services of Central MD	NAMI Howard County
FIRN	National Family Resiliency Center
Gilchrist Hospice Care	Neighbor Ride
Grassroots Crisis Intervention Center	On Our Own of Howard County
HC DrugFree	Rebuilding Together
Hope Works of Howard County	Voices for Children
Howard County Autism Society	Way Station
Humanim	Winter Growth

# Expenditures

 Grant funds are expected to be expended as shown in the Budget Form

### o Notification of modification to the Budget Form:

- Notification required for modifications of less than 10% of a line item
- Complete the CSP Budget Modification Form (both pages)
- Submit completed form to the CSP Grant Manager
- Form may be submitted via email



#### **Budget Narrative**

Organization:	
Please provide a detailed explanation and breakdown of the costs being inclu CSP Operating Grant budget by line item and the total amount requested per explanation provided should account for the total amount requested for that	line item. The
LINE ITEM	AMOUNT REQUESTED
<u>Personnel:</u> Full and part-time staff positions to be employed with grant funds each = Total Personnel Costs (If paid a daily rate, multiply rate by number of d	
	\$
Fringe: List benefit and estimated cost or portion of cost for each staff position grant.	n employed through the
	\$
<u>Contractual:</u> Itemize such costs as contractual fees and related charges such a Include vendor name and brief description of services to be rendered.	s travel, lodging, etc.
	\$
Occupancy/Utilities: Itemize such costs as rent and utilities and cost of each. ( months = total item request)	monthly rate x number of
	\$ <b>K</b>
Equipment: Itemize equipment and cost of each, may include cost of mainten	ance.
	\$
Materials and Supplies: List items and estimated cost of each.	
	\$
Insurance: Itemize type of insurance and cost of each.	
	\$
Marketing & Outreach: Itemize items and cost of each.	
	\$
<b>Travel/Transportation:</b> Itemize staff travel and/or client transportation and e.	stimate costs of each.
	\$
<b>Professional Development:</b> Itemize professional development opportunities a as participation fees, lodging, meal allowance, etc.)	nd associated costs such
	\$
Direct Consumer Assistance: Itemize type of assistance and cost of each.	5

If the amount listed in this column changes, a budget modification is required.

# Expenditures

- o Request for modification to the Budget Form:
  - Required for modifications of 10% or more of any line item
  - Complete the CSP Budget Modification Form
  - Submit completed form to the CSP Grant Manager
  - Must be approved <u>prior to</u> initiating the change
  - Form may be submitted via email

#### **KEEP IN MIND:**

- 10% is a cumulative value for each line item over the grant year
- All successive budget modifications should be reported in the same budget modification chart with new cover form

# Be sure to complete ALL 3 sections

	Budget Modifica	ation Cover Form	each bud	get modifi	
	Organization Name:	Quarte	er:		
	Grant Type:	Mont	th:		
	Please use this form to record any modification(s) to please submit it to the CSP Manager. Any budget rapproval. The 10% value is cumulative for the grant year be granted prior to the effective date of the charmodification is approved. Grantees making unauthor costs that will records.	modification(s) of 10% or more of ear and once the 10% threshold is age. You will receive an email noti	a line item requires reached, approval must fication ance your		Men Men
<b>&gt;</b>	Section I: Budget Modification (	Chart (to be completed on Sheet 2)	1		
	Section II: Modifica	ition Request Criteria			00
	1.) This is the  vidification to the C 2.) Does the modification include a change of 1 line item?	_	Г №		
	Section III: Reaso	on for Modification			
				SIGN HERE	
	Sign	& Date			
	FOR DCS ST.	AFF USE ONLY	_		
		FOR MODIFCATIONS OF 10% O	OR MORE		
	Date Received:	APPROVED			
		CSP Manager - initial and d	Late		

This form serves as Budget
Modification <b>SECTION 1</b>

CCD Rud	get Mod	lification	Form
COL DAG	get Mot	uncauon	LOLIII

Organization Name:	Quarter:	
Grant Type:	Month:	

#### Section I: Budget Modification Chart

Column B - input the amounts from your CSP Initial Approved Budget (found as Attachment A to your Grant Agreement); BUDGET MODIFICATION #1: Column C - input the amount to be modified (only for those line items that a new change is recorded); Column D - Input the new modified budget, based upon the requested changes; BUDGET MODIFICATION #2/#3: To be completed following the directions for Budget Mod #1 in the case that subsequent budget modifications are required; Totals and Columns I/J - will automatically calculate

		CSP Initial		Budget Mo	dification #1		Budget Mo	dification #2		Budget Mo	dification #3		То	tal Change	% Cumulative
Line Item Description	4	Approved Budget		Change +/-	Revised Budget (B+C)		Change +/-	Revised Budge (D+E)	t	Change +/-	Revised Bu (F+G)	_		to Date (C+E+G)	Modification (B/K)
Personnel	\$	-	\$	-	\$ -	\$	-	\$ -	9	-	\$	-	s	-	
Fringe	\$	-	\$			S	-	\$ -	9	-	\$	-	S	-	
Contractual	\$	-	\$	•	lete C &	s	-	\$ -	9	-	\$	-	s		
Occupancy/Utilities	\$	-	\$		r initial	\$	-	s -	9	-	s	-	S	ر ا ۵	J will
Equipment	\$	-	s		dget	\$	-	s -	5	-	s	-	\$		culate
Materials & Supplies	\$	-	s	modil	fication	\$	-	s -	5	-	s	-	\$		natically
Insurance	\$	-	s	-	\$ -	\$			5	-	s	-	\$		
Marketing & Outreach	\$	-	s	-	\$ -	\$		budget	5	-	s	-	\$		in J will
Community Education/Outreach	\$	-	\$	-	\$ -	\$		od is	5	-	s	-	\$		natically
Travel/Transportation	s	-	\$	-	\$ -	s		Jired,	5	-	s	-	s		ellow if
Professional D				-	\$ -	s	Comple	ete E & F	5	-	s	-	s		ications 10% of
Direct Consum		hould		-	s -	s	-	\$ -	ş				s		ne item
Other (please		our initia		-	\$ -	s	-	\$ -	5		budget		S	1110 111	
Other (please approv	ec	budge	)	-	\$ -	\$	-	\$ -	\$		equired		\$	-	
Other (please specify)	\$	-	\$	-	\$ -	\$	-	\$ -	5	comple	te G & F	<sup>-</sup> [	S	-	
TOTAL	\$	-	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	

## **ACTIVITIES**

- Each Grantee's "Activities" have been individually defined in the Performance Measures Chart
- Requests for modification to your Performance Measures Chart:
  - Must be submitted in writing to the CSP Grant Manager
  - Must be approved <u>prior to</u> initiating the change
  - Requests may be submitted via email

# Staffing Changes

#### o Notification of Staff Changes:

- Notification only required for <u>directly related</u> staff
- Requested within 10 day of Grantee being made aware of the change
- Must be submitted in writing to the CSP Grant Manager
- Notification may be submitted via email
- Should the information on the CSP Grant Point of Contact Form change the form shall be updated and resubmitted to the CSP Grant Manager immediately.

# **DISBURSEMENTS**

• Disbursement policy:

Award Amount	Disbursement Schedule
Under \$25,000	Annual
Under \$100,000	Semi-annual
Under \$300,000	Quarterly
\$300,000 and over	Monthly

## DISBURSEMENTS

o Disbursement Process:



- Disbursements will be released automatically as schedule in the Grant Agreement.
- Outstanding or incomplete reports at the time of disbursement shall result in the delay of disbursement.

## **REPORTS**

#### o Reporting policy:

Award Amount	Reporting Schedule	Reports Due
Under \$300,000	Semi-annual	Jan 15, 2017 & July 15, 2017
\$300,000 or more	Quarterly	Oct 15, 2016; Jan 15, 2017; Apr 15, 2017; July 15, 2017

#### o Reporting Process:

- Reports shall be due 15 days following the close of the quarter
- Submit reports to the CSP Manager
- Reports may be submitted via email
- Use updated FY17 report forms
- Unsigned reports will be considered incomplete

## **REPORTS**

All CSP Report Forms are available on the CSP page of the Howard County Website.

- o CSP Operating Reports include:
  - CSP Narrative Report
  - Expenditure Report
  - Financial Reports (most recent GRANT AWARD year to date)
  - Budget Modification Form (if applicable)

MSC PARTNER'S REPORT NO LONGER REQUIRED

# CSP Webpage

https://www.howardcountymd.gov/Departments/Community-Resources-and-Services/Office-of-Community-Partnerships/Community-Service-Partnership-Grants-Program

## IMPORTANT DETAILS

- Record Retention 3 years from the end of the grant year
- Monitoring (Site Visits) The County shall conduct a monitoring visit with each grantee over the course of the Grant Period.
- Grantee Certifications

   Grantee must maintain status as a nonprofit entity
- Financial Audit Depending on the amount of annual contributions received, Grantees are responsible to submit 2 copies of an IRS Form 990, Annual Financial Review, OR an Annual Audit.
  - Submit copies to Megan Godfrey Jackson, CSP Manager
  - Both copies are DUE March 1<sup>st</sup>, 2017
- Insurance Grantee shall obtain and maintain general liability insurance

# FY18 Sneak Peek

We are going online!

https://hcg.fluidreview.com/